



**STATEMENT OF
KERONICA RICHARDSON, ASSISTANT DIRECTOR
OF WOMEN & MINORITY VETERANS OUTREACH
NATIONAL SECURITY DIVISION
THE AMERICAN LEGION**

BEFORE THE

**SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES**

ON

**"SECTIONS H.R. 93, H.R. 501, H.R. 1063, H.R. 1066, H.R. 1943, H.R. 1972, H.R. 2147, H.R.
2225, H.R. 2327, AND DRAFT BILLS"**

SEPTEMBER 26, 2017

**EXECUTIVE SUMMARY OF
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 THE AMERICAN LEGION
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 H.R. 2225, H.R. 2327, AND DRAFT BILLS**

Section	Title	Page	Position
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H.R. 501	VA Transparency Enhancement Act of 2017		Support
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H.R. 2147	Veterans Treatment Court Improvement Act of 2017		Support
H.R. 2225	Veterans Dog Training Therapy Act		Support
H.R.2327	PAWS Act of 2017		Support
DRAFT BILL	<i>To amend title 38, United States Code, to make certain improvements in the Health Professionals Educational Assistance Program of the Department of Veterans Affairs, and for other purposes.</i>		No Position

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Chairman Wenstrup, Ranking Member Brownley and distinguished members of the Subcommittee on Health; on behalf of National Commander Denise H. Rohan and The American Legion, the country's largest patriotic wartime service organization for veterans, comprising over 2 million members and serving every man and woman who has worn the uniform for this country, we thank you for the opportunity to testify on behalf of The American Legion's positions on the following pending and draft legislation.

H.R. 93

To amend title 38, United States Code, to provide for increased access to Department of Veterans Affairs medical care for women veterans.

According to the Department of Veterans Affairs (VA), the female veteran population accounts for 10 percent of U.S. veterans, and that number is expected to grow to 15 percent by 2030. This population experiences distinctive challenges such as access to female-specific medical care, the greater likelihood for homelessness, and higher unemployment rates than male veterans.¹

In 2013, The American Legion conducted fifteen "System Worth Saving" site visits focusing on women veterans healthcare. Based on these visits, the following key findings were identified:²

- Women veterans do not identify themselves as veterans and/or do not know what benefits they are eligible to receive;
- VA medical center facilities do not have a baseline, one-year, two-year, or five-year plan to close the gap between the catchment area, enrollment numbers, and actual users among women veterans;
- Additional research is needed to determine the purpose, goals, and effectiveness of the three VA women models of care on overall outreach;
- Communication and coordination of women veterans health services are substandard;
- Women veterans do not receive their mammogram results in a timely manner;

¹ <http://www.blogs.va.gov/VAntage/40134/>

² <https://www.legion.org/sites/legion.org/files/legion/publications/2013-SWS-Report-WEB.pdf>

- Many VA facilities do not offer inpatient/residential mental health programs for women veterans; and
- VA's legislative authority for the child care pilot program is due to expire by the end of September 2017.

If enacted, H.R. 93 will require the VA to meet the healthcare needs of women veterans across the VA healthcare system. When the VA is unable to meet their needs, the Secretary may enter into contracts with third-party organizations to provide the services required.

Using resolution 147, *Women Veterans*, The American Legion supports any legislation that provides full comprehensive health services for women veterans department-wide, including, but not limited to: increasing treatment areas and diagnostic capabilities for female veteran health issues, improved coordination of maternity care, and increase the availability of female therapists/female group therapy to better enable treatment of Post-Traumatic Stress Disorder from combat and MST in women veterans.³

The American Legion Supports H.R. 93

H.R. 501 - VA Transparency Enhancement Act of 2017

To require increased reporting regarding certain surgeries scheduled at medical facilities of the Department of Veterans Affairs, and for other purposes.

During a study by the Environment of Care and Safety Review of the operating room at the Edward Hines Jr. VA Hospital in Hines, IL, the Department of Veterans Affairs (VA) Office of Inspector General (OIG) found that surgery infections are often caused by improper temperature and humidity control in the emergency room suite.^{4,5}

The Association of periOperative Registered Nurses recommends a temperature range in an operating room between 68°F and 73°F. This is to prevent hyperthermia, surgical site infections, longer hospital stays, and other negative outcomes. Additionally, the recommended humidity range in an operating room is 20 percent to 60 percent. This is to reduce infections and prevent the development of mold and mildew in anesthetizing locations.

H.R. 501 would require the VA to track and submit findings regarding complications due to surgery infections to the Secretary of VA. The American Legion knows that it is pertinent to the safety of future veterans utilizing these hospitals for the VA to track specific outcomes regarding surgeries. This legislation would require these outcomes be made public so that individuals can make the best-informed decision regarding their medical treatments at different VA locations. These metrics will also help Congress and veteran service organizations understand which VA hospitals are having more problems with surgery infection complications and find ways to address these issues.

³ The American Legion Resolution No. 147 (2016): [Women Veterans](#)

⁴ <https://www.va.gov/oig/pubs/VAOIG-13-02315-332.pdf>

⁵ <https://www.va.gov/oig/pubs/VAOIG-13-02315-332.pdf>

Using resolution 377, *Support Veterans Quality of life*, The American Legion supports any legislation that will enhance, promote, restore or preserve benefits for veterans and their dependents, including, but not limited to the following: timely access to quality VA health care, timely decisions on claims and receipt of earned benefits, and final resting places in national shrines and with lasting tributes that commemorates their service.⁶

The American Legion Supports H.R. 501

H.R. 1063 - Veteran Prescription Continuity Act

To ensure that an individual who is transitioning from receiving medical treatment furnished by the Secretary of Defense to medical treatment furnished by the Secretary of Veterans Affairs receives the pharmaceutical agents required for such transition.

In late 2014, the Department of Veterans Affairs (VA) conducted an evaluation of medical prescriptions for 2,000 Department of Defense (DoD) servicemembers entering the VA system for the first time. The study included individuals taking mental health or pain medication. The goal of the assessment was to evaluate the extent to which mental health medications and opioid analgesics active at the time of DoD separation were changed versus continued unchanged upon entering the VA system, as well as the reason for any changes (clinical vs. administrative).⁷

The study found that some veterans had their medication switched due to differences between the VA and DoD drug formularies. The current prescription drug formularies used by the DoD and VA have several differences, meaning that certain prescription drugs are unavailable to transitioning servicemembers once they start receiving care from the VA. As a result, there are occasions when transitioning servicemembers are forced to abruptly change their prescription drug regimen during an already arduous transition period.

This legislation would require the VA to continue supplying medications prescribed by a DoD healthcare provider when the DoD healthcare provider determines that such pharmaceutical agent is critical for such transition.

Using Resolution 377, *Support Veterans Quality of Life Resolution*, The American Legion supports any legislation that will enhance, promote, restore or preserve benefits for veterans and their dependents, including, but not limited to, the following: timely access to quality VA health care, timely decisions on claims and receipt of earned benefits, and final resting places in national shrines and with lasting tributes that commemorates their service.⁸

The American Legion Supports H.R. 1063

H.R. 1066 - VA Management Alignment Act of 2017

⁶ The American Legion Resolution No. 377 (2016): [Support Veterans Quality of Life Resolution](#)

⁷ https://www.pbm.va.gov/vacenterformedicationsafety/othervasafetyprojects/DoD_VA_Medication_Continuation_Report.pdf

⁸ The American Legion Resolution No. 377 (2016): [Support Veterans Quality of Life Resolution](#)

To direct the Secretary of Veterans Affairs to submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report regarding the organizational structure of the Department of Veterans Affairs, and for other purposes.

The American Legion has been at the forefront of efforts to both increase accountability at Department of Veterans Affairs and improve timely access to quality VA health care for veterans. We have been rightly critical of past management failures and recognize the need to assist VA, Congress, and other stakeholders to address these problems.

In 2015, VA health care was added to the Government Accountability Office (GAO) high-risk list because of concerns about VA's ability to ensure the timeliness, cost-effectiveness, quality, and safety of veterans' health care. In testimony delivered to the Senate Veterans Affairs Committee on March 15, 2017, GAO stated that insufficient progress has been made to address the concerns that led to high-risk designation.⁹

In May 2017, VA Secretary Shulkin delivered his diagnosis of the department noting a long road toward recovery. He offered an assessment on the "State of VA," outlining 13 areas where the department needs to improve and the legislative and administrative fixes it needs in order to see progress. Shulkin reiterated his belief that the department's central office is too large and unwieldy.

Another GAO report released in September 2016 found that the VA has been slow to make changes after the 2014 wait-time scandal and that VA does not have a process for following through with the recommendations that it receives or to effectively make changes¹⁰. The report also states that without a process, there is "little assurance" the delivery of health care will improve. It goes on to say the VA cannot confirm that it is holding leaders accountable for making improvements.¹¹

The *VA Management Alignment Act* was introduced in response to this report to help address the issue. The measure would require the VA secretary to submit plans to the House and Senate veterans committees within 180 days after the bill goes into effect, detailing the roles and responsibilities of VA executives and spelling out how they would improve veterans' access to treatment.

The American Legion Resolution No. 3: *Department of Veterans Affairs Accountability* urges Congress to pass legislation to improve accountability at VA.¹² The *VA Management Alignment Act of 2017* would provide the agency and Congress with a new perspective on how to address VA's management challenges and is consistent with ongoing efforts to improve VA's ability to ensure the timeliness, cost-effectiveness, quality, and safety of veterans' health care.

The American Legion supports H.R. 1066

⁹ <https://www.gao.gov/assets/690/683381.pdf>

¹⁰ <https://www.gao.gov/mobile/products/GAO-16-803>

¹¹ <http://www.gao.gov/assets/690/680054.pdf>

¹² The American Legion Resolution No. 3 (2016): [Department of Veterans Affairs Accountability](#)

H.R. 1972 - VA Billing Accountability Act

To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to waive the requirement of certain veterans to make copayments for hospital care and medical services in the case of an error by the Department of Veterans Affairs, and for other purposes.

While many veterans qualify for free healthcare services based on a Department of Veterans Affairs compensable service-connected condition or other special eligibilities, most veterans are required to complete a financial assessment or means test at the time of enrollment to determine if they qualify for free health care services. Veterans whose income exceeds VA income limits, as well as those who choose not to complete the financial assessment at the time of enrollment, must agree to pay required copays for health care services to become eligible for VA healthcare services. VA is also authorized to recover the reasonable cost of medical care furnished to a veteran for the treatment of a non-service-connected (NSC) disability or condition when the veteran or VA is eligible to receive payment for such treatment from a third-party.

After enrollment, if a veteran's medical care appears to qualify for billing under reimbursable insurance and co-payment, the charges for co-payments will be placed on hold for 90 days, pending payment from the third-party payer. If no payment is received within 90 days, the charges will automatically be released and a statement generated to the veteran. VA will provide sufficient information about first party copayment debts to veteran patients reminding them of their responsibilities to pay their share of debts created as a result of medical services rendered as inpatient, outpatient, extended care, or medication. VA will follow up with the debtor until the debt is resolved.

VA currently has multiple options available to help make copay charges more affordable, or to eliminate them:

- Repayment Plan: A veteran has the right to establish a monthly repayment plan at any time during their enrollment in VA health care if they cannot pay their debt in full.
- Waiver Request: A veteran also has the right to request a waiver of part or all of the debt. If the waiver is granted the veteran is not required to pay the amount waived.
- Compromise: A veteran has the right to request a compromise. A compromise means a veteran proposes a lesser amount as full settlement of the debt.

H.R. 1972 would authorize the VA to waive the requirement that a veteran makes copayments for medications, hospital care, nursing home care, and medical services if:

- An error committed by the VA or a VA employee was the cause of delaying copayment notification to the veteran, and
- The veteran received such notification later than 120 days (18 months in the case of a non-VA facility) after the date on which the veteran received the care or services.

In requiring a veteran to make a copayment for care or services provided at a VA or a non-VA medical facility, this bill would require VA to notify the veteran not later than 120 days (18 months in the case of a non-VA facility) after the date on which the veteran received the care or services. If the VA does not provide notification by such date, it may not collect the payment, including through a third-party entity, unless the veteran is provided with:

- information about applying for a waiver and establishing a payment plan with the VA, and
- an opportunity to make a waiver or establish a payment plan.

Finally, H.R. 1792 would require the VA to review and improve its copayment billing internal controls and notification procedures.

The *VA Billing Accountability Act of 2017*, by setting forth specific and immediate billing requirements, so our nation's veterans are not receiving unbilled co-payments for VA care in an untimely manner, sometimes from years past, will help bring more stability and financial security to their post-military lives.

Through Resolution No. 377: *Support for Veteran Quality of Life*, The American Legion supports any legislative proposal that urges Congress and the Department of Veterans Affairs to enact legislation and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents, including, but not limited to the following: timely access to quality VA health care; timely decisions on claims and receipt of earned benefits; and final resting places in national shrines and with lasting tributes that commemorate their service.¹³

The American Legion supports H.R. 1972

H.R. 2147 - Veterans Treatment Court Improvement Act of 2017

To require the Secretary of Veterans Affairs to hire additional Veterans Justice Outreach Specialists to provide treatment court services to justice-involved veterans, and for other purposes.

The *Veterans Court Improvement Act of 2017* recognizes the importance of Veteran Justice Outreach Specialists providing services to veterans as well as the importance of Veteran Treatment Courts. This legislation would assure our nation's veterans, who are in the criminal justice system, have access to services and resources they need to be productive members of society. With this bill, Congress validates that this unique population will be best served within their communities by providing sufficient resources to these courts.

When veterans return from combat, some turn to drugs or alcohol to cope with mental health issues related to Post Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury (TBI). Thus, many returning veterans are entering the criminal justice system to face charges stemming

¹³ The American Legion Resolution No. 377 (2016): [Support for Veteran Quality of Life](#)

from these issues. In 2008, a judge in Buffalo, NY, created the first Veterans Treatment Court after seeing an increase in veterans' hearings on his dockets. Veteran Treatment Courts are a hybrid of drug and mental health courts. They have evolved out of the growing need for a treatment court model designed specifically for justice-involved veterans to maximize efficiency and economize resources while making use of the distinct military culture consistent among veterans.

Through Resolution No. 145: *Veterans Treatment Courts*, The American Legion supports any legislation that establishes a separate program office within Department of Veterans Affairs Central Office with an increased program budget and hiring of staff to expand the Veterans Justice Outreach program and policies.¹⁴ The resolution specifically calls for continuing to fund and expand Veterans Treatment Courts and hire more staff to expand the Veterans Justice Outreach program and policies.

The American Legion supports H.R. 2147

H.R. 2225 - Veterans Dog Training Therapy Act

To direct the Secretary of Veterans Affairs to carry out a pilot program on dog training therapy.

Since 1991, the United States has been at war, and as a result, thousands of soldiers have returned home with mental and physical injuries. In 2009, Congress amended Title 38, United States Code § 1714 by authorizing the Department of Veteran Affairs to extend benefits for the upkeep of service dogs used primarily for the aid of persons with physical disabilities and psychological wounds.

This bill directs the VA to carry out a five-year pilot program to assess the effectiveness of addressing veterans' post-deployment mental health and post-traumatic stress disorder symptoms through the therapeutic medium of training service dogs for veterans with disabilities.

Through Resolution No. 160: *Complementary and Alternative Medicine*, The American Legion supports any legislation that provides oversight and funding to the Department of Veterans Affairs for innovative, evidence-based, complementary and alternative medicine (CAM) in treating various illnesses and disabilities.¹⁵

The American Legion supports H.R. 2225

H.R.2327 - PAWS Act of 2017

To direct the Secretary of Veterans Affairs to make grants to eligible organizations to provide service dogs to veterans with severe post-traumatic stress disorder, and for other purposes.

¹⁴ The American Legion Resolution No. 145 (2016): [Veteran Treatment Courts](#)

¹⁵ The American Legion Resolution No. 160 (2016): [Complementary and Alternative Medicine](#)

The *Puppies Assisting Wounded Servicemembers Act of 2017* (PAWS Act) makes service dogs accessible to veterans wanting an alternative post-traumatic stress disorder (PTSD) treatment option possible for veterans open to this type of treatment. Currently, the Department of Veterans Affairs does not fund service dogs or recognize the use of therapy service dogs as a possible method to treat veterans suffering from PTSD. There have been multiple studies proving that service dogs can provide many different forms of mental healing to veterans suffering from physically invisible wounds of war.

H.R. 2327 would create a five-year \$10 million pilot program that pairs veterans who served on active duty in the Armed Forces on or after September 11, 2001, with eligible therapy service dogs if they have been diagnosed with PTSD severe enough to warrant treatment. Eligible veterans must have also completed an evidence-based treatment program and remain significantly symptomatic by clinical standards.

The American Legion supports this legislation because it allows for an alternative form of treatment to injured veterans returning home from war with Traumatic Brain Injury (TBI) and PTSD. Service dogs can act as an effective complementary therapy treatment component, especially for those veterans who suffer on a daily basis from the physical and psychological wounds of war. PTSD has become an epidemic, and the VA has estimated that between 11 and 20 percent of veterans who served in Afghanistan or Iraq have PTSD¹⁶. While the VA continues to stall with their dog-based therapy studies, veterans are being denied alternative forms of treatment. As the VA is continually accused of over-prescribing veterans, and as veteran continue to complain about overprescription, it is time that the VA, and the Federal government, look at alternative options.¹⁷

Through Resolution No. 160: *Complementary and Alternative Medicine*, The American Legion supports any legislation that provides oversight and funding to the Department of Veterans Affairs for innovative, evidence-based, complementary and alternative medicine (CAM) in treating various illnesses and disabilities.¹⁸

The American Legion supports H.R. 2327.

DRAFT BILL

To amend title 38, United States Code, to make certain improvements in the Health Professionals Educational Assistance Program of the Department of Veterans Affairs, and for other purposes.

The provisions of this draft bill fall outside the scope of established resolutions of The American Legion. As a large, grassroots organization, The American Legion takes positions on legislation based on resolutions passed by our membership. With no resolutions addressing the provisions of

¹⁶ <https://medlineplus.gov/magazine/issues/winter09/articles/winter09pg10-14.html>

¹⁷ <http://www.npr.org/sections/health-shots/2014/07/11/330178170/veterans-kick-the-prescription-pill-habit-against-doctors-orders>

¹⁸ The American Legion Resolution No. 160 (2016): [Complementary and Alternative Medicine](#)

the legislation, The American Legion is researching the material and working with our membership to determine the course of action that best serves veterans.

The American Legion has no current position on this Draft Bill.

Conclusion

As always, The American Legion thanks this subcommittee for the opportunity to elucidate the position of the over 2 million veteran members of this organization. For additional information regarding this testimony, please contact The American Legion Deputy Director of the Legislative Division, Derek Fronabarger, at (202) 861-2700 or dfronabarger@legion.org.